



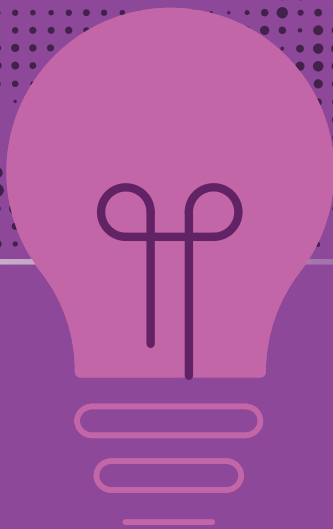
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HCPCS Level II EXPERT

Service/Supply Codes for Caregivers & Suppliers



2027

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Introduction

This Healthcare Common Procedure Coding System (HCPCS) Level II code book goes beyond the basics to help you to code accurately and efficiently. In addition to including a customized Alphabetic Index and Tabular List for services, supplies, durable medical equipment, and drugs which the Centers for Medicare and Medicaid Services (CMS) developed, we include the following features:

Features

We've crafted a select set of bonus features based on requests from coders in the field as well as the recommendations of our core group of veteran coding educators. Features that you'll benefit from page after page include:

- HCPCS Level II Coding Procedures guide from CMS to help you to better understand HCPCS Level II codes
- Comprehensive list of new/revised/deleted codes for 2027
- CPT® crosswalk codes for select HCPCS Level II G codes
- Deleted codes crosswalk for 2027
- Symbols showing which codes have restrictions based on age or sex of the patient
- Medicare coverage and reimbursement alerts
- APC status indicators and ASC payment indicators
- HCPCS Level II modifiers with lay descriptions and coding tips
- Updated and enhanced illustrations of body systems at the front of the book so you don't have to search the code book for these large color images of body systems
- Highlighted coding instructional and informational notes help you recognize important code usage guidance for specific sections
- Intuitive color-coded symbols and alerts identify new and revised codes and critical coding and reimbursement issues quickly
- Symbols in Index showing each new code
- A user-friendly page design, including dictionary-style headers, color bleed tabs, and legend keys

Additionally, our dedicated team drew on their years of experience using code books to develop this book's user friendly symbols, highlighting, color coding, and tabs, all designed to help you find the information you need quickly.

Let Us Know What You Think

Our goal for this code book is to support those involved in the business side of healthcare, helping them to do their jobs and do them well. We'd appreciate your feedback, including your suggestions for what you'll need in a HCPCS Level II resource, so we can be sure our code books serve your needs.

Symbols and Conventions

Citations to AHA's Coding Clinic® for HCPCS Level II

AHA's *Coding Clinic*®, a quarterly newsletter, is the official publication for coding guidelines and advice as designated by the four Cooperating Parties (American Hospital Association, American Health Information Management Association, Centers for Medicare and Medicaid Services (CMS), and National Center for Health Statistics) and the Editorial Advisory Board.

We've marked codes with related *Coding Clinic*® articles with a citation that includes the year and quarter of the issue.

Symbols and Conventions Used in this Code Book Include:

2027 HCPCS Level II Code Updates

- New code
- ▲ Revised Code
- Ⓝ 2027 New Index Entries

Symbols and Alerts Related to Medicare or Carrier Coverage and Reimbursement

When relevant, you'll see the following symbols and alerts to the left of a code or beside or under the code descriptor:

- C** Carrier judgment
- D** Special coverage instructions apply
- I** Not payable by Medicare
- M** Non-covered by Medicare
- S** Non-covered by Medicare statute
- A2 - Z3 ASC Payment Indicator
- A - Y APC Status Indicator
- ASC ASC Approved Procedure

Service not separately priced by Part B

Other carrier priced

Reasonable charge

Price established using national RVUs

Price subject to national limitation amount

Price established by carriers

Statute references

BETOS code and descriptor

References to Pub 100 (non-dental codes) – Alert appears under the code descriptor.

Modifier Alerts Showing Applicable Modifiers for a HCPCS Level II Code

DME Modifier - Alert appears under the code descriptor

Symbols for Age and Sex Codes

When relevant, you'll see the following symbols to the right of a code descriptor. We based symbol use on Medicare's Integrated Outpatient Code Editor (I/OCE).

- ♀ Female code symbol
- ♂ Male code symbol
- Ⓐ Age

Symbols and Alerts Related to Services, Supplies, or Equipment

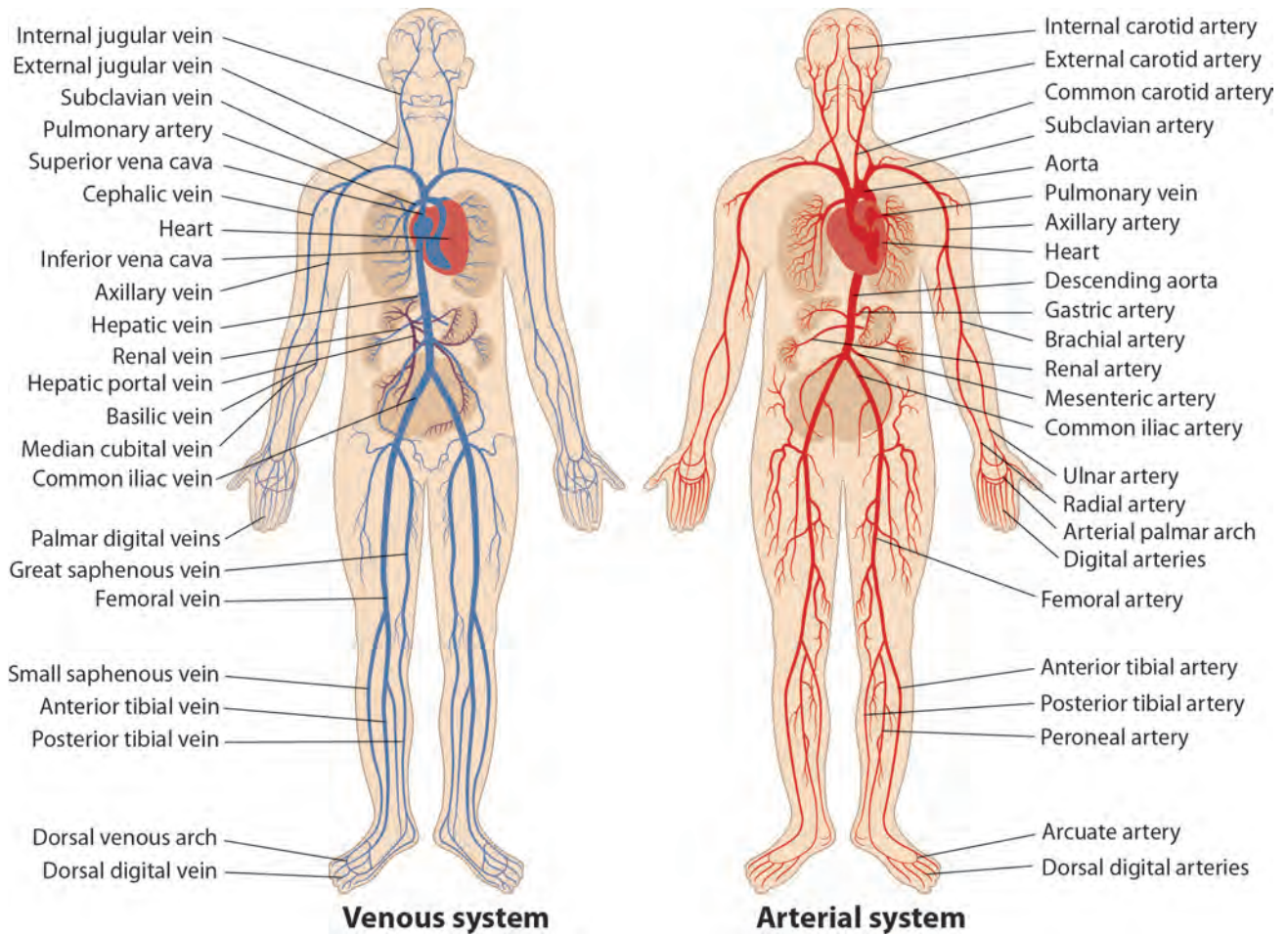
When relevant, you'll see the following symbols to the right of code descriptors:

- DME** Paid under the DME fee schedule
- MIPS** Merit-based Incentive Payment System (MIPS) quality measure code

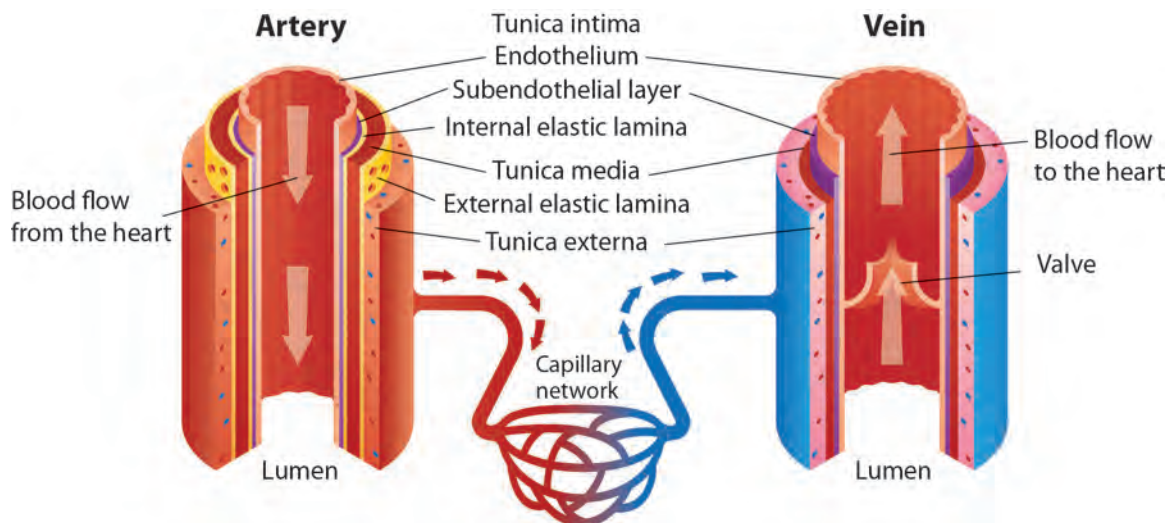
MIPS data in this code book is from the latest update from CMS at the time this book went to print. Refer to the CMS website for the latest updates on MIPS reporting.

Anatomical Illustrations

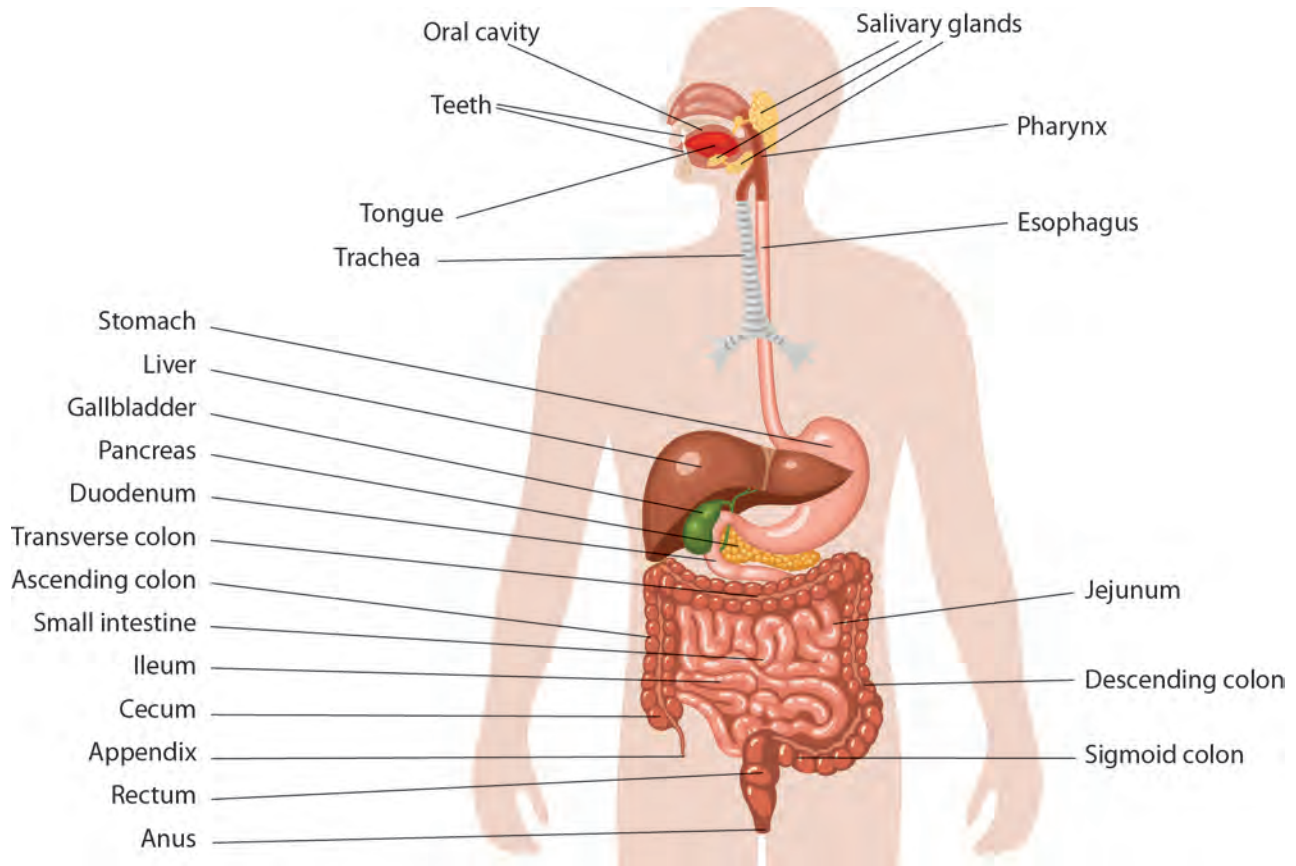
Circulatory System — Arteries and Veins



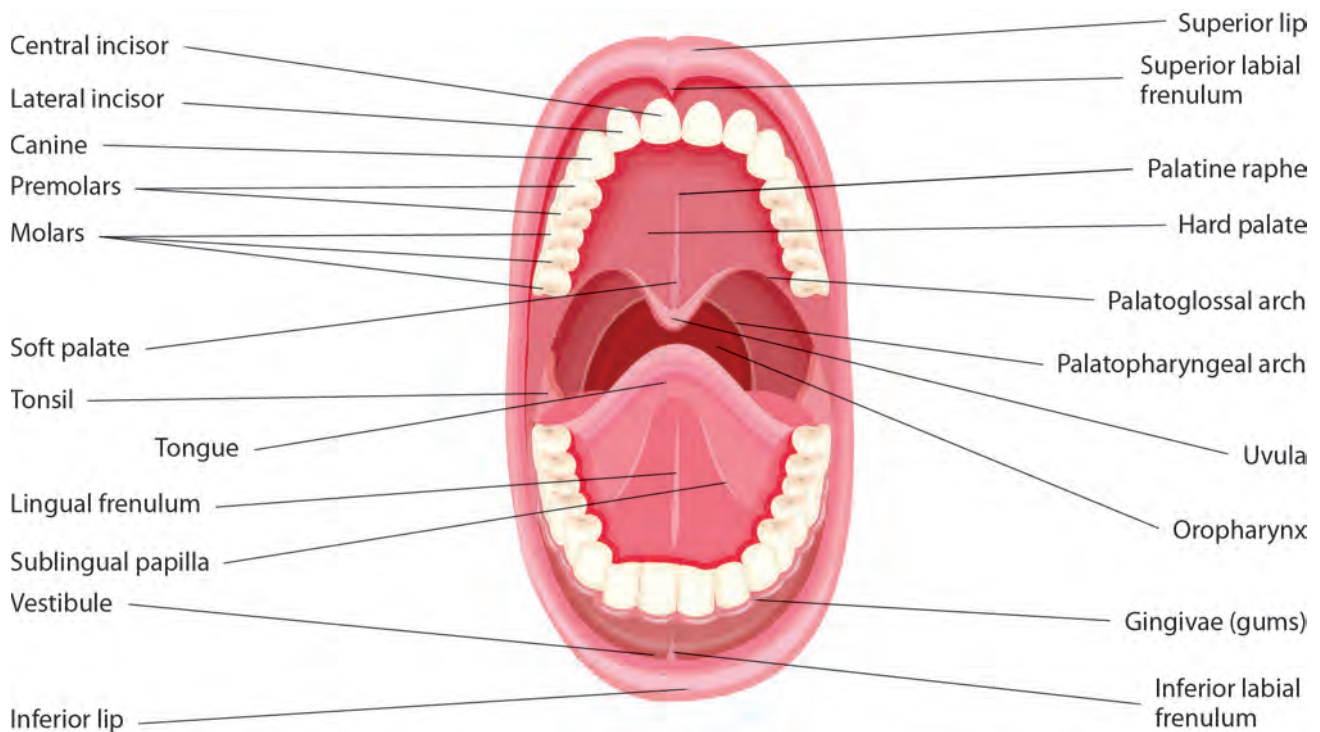
Circulatory System — Artery and Vein Anatomy



Digestive System Anatomy



Digestive System — Mouth Anatomy



Index to Services, Supplies, Equipment, Drugs

Note: For a complete alphabetic list of J codes (Drugs Administered Other Than Oral Method and Chemotherapy Drugs) with their corresponding generic and brand names, see Appendix A Table of Drugs and Biologicals.

A

Abatacept J0129

Abciximab J0130

Abdominal pad, TLSO L1270

Abduction

Control, hip orthosis, hip joint

Dynamic, adjustable L1680

Flexible

Frejka type L1600, L1610

Pavlik harness L1620

Semi-flexible, Van Rosen type L1630

Static

Adjustable, Ilfeld type, prefabricated L1650

Pelvic band or spreader bar L1640

Plastic, prefabricated L1660

Control, lower extremity orthosis, hip joint L2624

Pillow (miscellaneous durable medical equipment) E1399

Restrainer, shoulder L3650

Canvas and webbing L3660

Vest type L3675

Rotation bar

Foot L3150

Adjustable shoe-styled positioning device L3160

Including shoes L3140

Prefabricated, off-the-shelf, each L3170

Lower extremity

Hip involvement, jointed, adjustable L2300

Straight L2310

Abecma Q2055

Ablation

Catheter

Electrophysiological

3D or vector mapping C1732

Other than 3D or vector mapping or cool-tip C1733

Endovascular, noncardiac C1888

Extravascular, any modality C1886

Tissue, extravascular C1886

Abobotulinumtoxin type A J0586

Abortion, induced

17 to 24 weeks S2260

25 to 28 weeks S2265

29 to 31 weeks S2266

32 or greater S2267

Drug induced, with other services S0199

Absolv3 Q4401 **N**

Absorption dressing A6251-A6256

Acapatch Q4325

Access Catheters A4300-A4301

Accessories

Ambulation devices E0153-E0159

Beds E0271-E0280, E0300-E0316

Dialysis E1500-E1699

Wheelchairs E0950-E1036, E1225-E1228, E2201-E2398,

E2626-E2633, K0001-K0195, K0669, K0733 **N**

Accu-Chek® or similar product

Blood glucose meter E0607

Test strips, box of 50 A4253

ACE inhibitor

Not prescribed M1201-M1203

Prescribed M1200

Acesso Q4311, Q4312

Acetaminophen J0131, J0134, J0136

Acetate concentrate for hemodialysis A4708

Acetazolamide sodium J1120

Acetylcysteine

Inhalation solution J7604, J7608

Injection J0132

Acid concentrate for hemodialysis A4709

Activated carbon filter for hemodialysis A4680

Activity therapy

45 minutes or more G0176

Per 15 minutes H2032

Acyclovir J0133

Adalimumab Q5140-Q5145

Adapter

Breast pump A4282

Electric/pneumatic ventricular assist device Q0478

Neurostimulator C1883

Oxygen accessory E1358

Pacing lead C1883

Pneumatic ventricular assist device Q0504

Addition, see also Orthotic devices

Cushion socket

Above knee L5648

Below knee L5646

Harness upper extremity

Dual cable L6676

Single cable L6675

Interface replacement for halo procedure L0861

Orthotic components, lower extremity K0672, L2750, L2760, L2780-L2861

Prosthesis components

Adjustable heel height L5990

SACH foot L5970

Torsion mechanism, upper extremity joint orthotic L3891

Wrist unit, flexion, extension L6620

Adenosine J0153

Adhesive

Bandages

Compression

High A6452

Light A6448-A6450

Medium A6451

Conforming A6442-A6447

Gauze A6216-A6230, A6402-A6404

Padding A6441, S8430

Self-adherent A6453-A6455

With zinc paste A6456

Barrier C1765

Disc or foam pad A5126

Dressing

Composite

16 sq. in. or less A6203

More than 16 sq. in. but less than or equal to 48 sq. in. A6204

More than 48 sq. in. A6205

Foam A6214

Gauze

16 sq. in. or less A6219

More than 16 sq. in. but less than or equal to 48 sq. in. A6220

More than 48 sq. in. A6221

Upper Extremity C8935
 With contrast C8934
 Without contrast followed by with contrast C8936
 Percutaneous transluminal
 Coronary C7533
 Reconstruction, aorta, CT, for vascular surgery G0288
Angioplasty C7563, C7569, C7571 **N**
Angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB) therapy
 Not prescribed
 Reason documented G8474, G8936
 Reason not documented G8475, G8937
 Prescribed G8473, G8935
Anidulafungin J0348
Anifrolumab-Fnia J0491
Ankle-foot orthosis (AFO) L1900-L1990 **N**
 Dynamic, adjustable E1815
 Fabricated L2112, L2114, L2116
 Fracture custom-fabricated L2106, L2108
 Replace replacement, static AFO L4392
 Static or dynamic ankle foot orthosis L4396
 Toe E1830
Annual
 Gynecological examination
 Clinical breast examination without pelvic evaluation
 S0613
 Established patient S0612
 New patient S0610
 Wellness visit
 Initial G0438
 Subsequent G0439
Antenna, nerve stimulation device L8696
Anti-emetic J8498, Q0161-Q0181
Anti-inflammatory medication Q5107-Q5111
Anti-platelet agents G9609, G9610, G9611
Anti-sperm antibodies test, immunobead S3655
Antibiotic
 Home infusion therapy S9494
 Every 3 hours S9497
 Every 4 hours S9504
 Every 6 hours S9503
 Every 8 hours S9502
 Every 12 hours S9501
 Every 24 hours S9500
 Intravenous for surgical site infection (SSI) G8916-G8918
 Not prescribed or dispensed G8712
 Regimen G9498, G9505
 Not prescribed within specified time period G9287
 Prescribed within specified time period G9286
 Taken within 30 days prior to episode date G9703
 Therapy
 Not prescribed or dispensed G8708
 Prescribed or dispensed G8710, G8711, G9712
Anticoagulant
 Not prescribed
 Medical reason G8968
 Patient reason G8969
 Reason not given G9928
 Prescribed G8967
 Use G9724
Anticoagulation clinic S9401
Anti-epidermal growth factor receptor monoclonal antibodies G9839-G9845
Antipsychotic
 Filled two prescriptions during performance period
 M1380

Antiseptic
 Chlorhexidine A4248
 Solution used to clean dialysis equipment A4674
Antithrombotic/aspirin therapy G8598, G8599, G9277, G9278
Anti-TNF therapy for Hepatitis B
 Documented immunity G8869
 Hepatitis
 Hep B status assessed prior to therapy G9912
 Hep B status not assessed prior to therapy G9913
 No record HBV results G9915
 Patient initiated anti-TNF agent G9914
Antiviral
 Home infusion therapy S9494-S9504
Aortic aneurysm G9598, G9599
Apheresis, low density lipid (LDL) S2120
Apligraf® Q4101
Apnea hypopnea index
 Measured G8842
 Not measured
 Reason documented G8843
 Reason not documented G8844
Apnea monitor E0530, E0618
 Electrodes A4556
 Lead wires A4557
 With recording feature E0619
Apomorphine hydrochloride J0364
Application
 Tantalum ring(s) scleral S8030
Aprepitant injection C9145, J0185
AquaPedic® sectional gel flotation E0196
Ardeograft Q4333
Arformoterol, inhalation solution J7605
Argatroban injection J0883, J0884, J0891, J0892, J0898, J0899
Argus® II Retinal Prosthesis System, com/sup/acc misc L8608
Aripiprazole J0400, J0401
Aripiprazole lauroxil injection J1944
Aristada initio injection J1943
Arsenic trioxide J9017
Artacent® Q4169, Q4189, Q4190, Q4216, Q4336-Q4339
Arthrodesis C7506, C7566 **N**
Arthroereisis, subtalar S2117
Arthroscopy
 Knee
 Harvesting of cartilage S2112
 Removal foreign body G0289
 Shoulder
 With capsulorrhaphy S2300
 With implantation of spacer C9781
Artificial
 Cornea L8609
 Heart system accessories L8698
 Kidney, **see also** Dialysis
 Larynx L8500
 Pancreas device system
 Low glucose suspend feature S1034
 Receiver S1037
 Sensor S1035
 Transmitter S1036
 Saliva A9154 **N**
Ascent™ Q4213
Asparaginase J9021
Aspirator, Vabra A4480
Aspirin M1055-M1057
Aspirin/antiplatelet therapy G9793, G9795
 Not on daily aspirin or other anti-platelet
 Medical reason documented G2128

CMS includes parenthetical coding guidelines for several codes throughout the Tabular List, which are effective for 2027. Some of these guidelines include deleted CPT® or HCPCS Level II codes, even though the guidelines were from the latest updates from CMS for 2027. Please check the CMS website for further updates or guideline changes.
 Generic and brand-name drugs found throughout the Tabular List are from the latest CMS updates. Please check the CMS website and the FDA website for further information on valid or discontinued drugs.

TRANSPORTATION SERVICES INCLUDING AMBULANCE (A0021-A0999)

HCPCS Level II codes for ambulance services (A0021-A0999) must be reported with modifiers indicating pick-up origins and destinations. The modifier describing the arrangement (QM, QN) is listed first. The modifiers describing the origin and destination are listed second. Origin and destination modifiers are created by combining two alpha characters from the following list. Each alpha character, with the exception of X, represents either an origin or destination. Each pair of the alpha characters creates one modifier. The first position represents the origin and the second the destination. The modifiers most commonly used are:

- D Diagnostic or therapeutic site other than P or H when these are used as origin codes
- E Residential, domiciliary, custodial facility (other than 1819 facility)
- G Hospital-based dialysis facility
- H Hospital
- I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
- J Free standing ESRD facility
- N Skilled nursing facility (SNF)
- P Physician's office
- R Residence
- S Scene of accident or acute event
- X Intermediate stop at physician's office on way to hospital (destination code only)

AMBULANCE AND OTHER TRANSPORT SERVICES AND SUPPLIES (A0021-A0999)

- I A0021** Ambulance service, outside state per mile, transport (Medicaid only) E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0080** Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0090** Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0100** Non-emergency transportation; taxi E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B

- I A0110** Non-emergency transportation and bus, intra or inter state carrier E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0120** Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0130** Non-emergency transportation: wheelchair van E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0140** Non-emergency transportation and air travel (private or commercial) intra or inter state E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0160** Non-emergency transportation: per mile - case worker or social worker E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0170** Transportation ancillary: parking fees, tolls, other E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0180** Non-emergency transportation: ancillary: lodging-recipient E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0190** Non-emergency transportation: ancillary: meals-recipient E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0200** Non-emergency transportation: ancillary: lodging escort E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0210** Non-emergency transportation: ancillary: meals-escort E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B
- I A0225** Ambulance service, neonatal transport, base rate, emergency transport, one way A E1
 BETOS: O1A Ambulance
 Service not separately priced by Part B

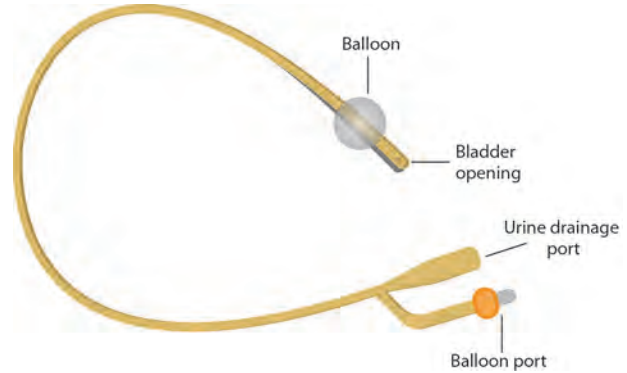
♂ Male only ♀ Female only **A** Age A2 - Z3 = ASC Payment indicator A - Y = APC Status indicator
 ASC = ASC Approved Procedure **DME** Paid under the DME fee schedule **MIPS** MIPS code

A4326 - A4358

- D A4326** Male external catheter with integral collection chamber, any type, each ♂ **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4327** Female external urinary collection device; meatal cup, each ♀ **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4328** Female external urinary collection device; pouch, each ♀ **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4330** Perianal fecal collection pouch with adhesive, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4331** Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4332** Lubricant, individual sterile packet, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4333** Urinary catheter anchoring device, adhesive skin attachment, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4334** Urinary catheter anchoring device, leg strap, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4335** Incontinence supply; miscellaneous **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4336** Incontinence supply, urethral insert, any type, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4337** Incontinence supply, rectal insert, any type, each **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4338** Indwelling catheter; Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4340** Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- C A4341** Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each ♀ **DME** **A** **N**
BETOS: D1F Prosthetic/Orthotic devices
Coding Clinic: 2023, Q2
- C A4342** Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each ♀ **DME** **A** **N**
BETOS: D1F Prosthetic/Orthotic devices
Coding Clinic: 2023, Q2

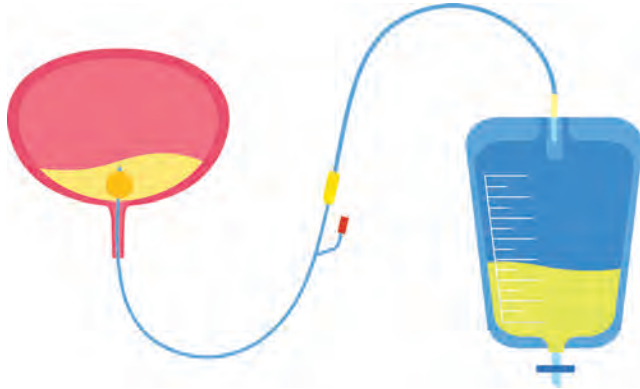
Medical and Surgical Supplies (A2001-A8004)

- D A4344** Indwelling catheter, foley type, two-way, all silicone or polyurethane, each **N1** **DME** **ASC** **N**
BETOS: D1F Prosthetic/Orthotic devices
Coding Clinic: 2023, Q4
- D A4346** Indwelling catheter; Foley type, three way for continuous irrigation, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices



Foley catheter

- D A4349** Male external catheter, with or without adhesive, disposable, each ♂ **DME** **N**
BETOS: D1A Medical/surgical supplies
- ▲ D A4351** Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, or silicone elastomer, etc.), each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- ▲ D A4352** Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, or silicone elastomeric, etc.), each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4353** Intermittent urinary catheter, with insertion supplies **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4354** Insertion tray with drainage bag but without catheter **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4355** Irrigation tubing set for continuous bladder irrigation through a 3-way indwelling Foley catheter, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4356** External urethral clamp or compression device (not to be used for catheter clamp), each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4357** Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices
- D A4358** Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each **DME** **N**
BETOS: D1F Prosthetic/Orthotic devices



Urinary drainage bag

- D A4360** Disposable external urethral clamp or compression device, with pad and/or pouch, each DME N
BETOS: D1F Prosthetic/Orthotic devices

OSTOMY POUCHES AND SUPPLIES (A4361-A4437), SEE ALSO OSTOMY POUCHES AND SUPPLIES (A5051-A5093)

- D A4361** Ostomy faceplate, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4362** Skin barrier; solid, 4 x 4 or equivalent; each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4363** Ostomy clamp, any type, replacement only, each DME E1
BETOS: D1F Prosthetic/Orthotic devices
- D A4364** Adhesive, liquid or equal, any type, per oz DME N
BETOS: D1F Prosthetic/Orthotic devices
- C A4366** Ostomy vent, any type, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4367** Ostomy belt, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- C A4368** Ostomy filter, any type, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4369** Ostomy skin barrier, liquid (spray, brush, etc), per oz DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4371** Ostomy skin barrier, powder, per oz DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4372** Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4373** Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each DME N
BETOS: D1F Prosthetic/Orthotic devices

- D A4375** Ostomy pouch, drainable, with faceplate attached, plastic, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4376** Ostomy pouch, drainable, with faceplate attached, rubber, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4377** Ostomy pouch, drainable, for use on faceplate, plastic, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4378** Ostomy pouch, drainable, for use on faceplate, rubber, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4379** Ostomy pouch, urinary, with faceplate attached, plastic, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4380** Ostomy pouch, urinary, with faceplate attached, rubber, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4381** Ostomy pouch, urinary, for use on faceplate, plastic, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4382** Ostomy pouch, urinary, for use on faceplate, heavy plastic, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4383** Ostomy pouch, urinary, for use on faceplate, rubber, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4384** Ostomy faceplate equivalent, silicone ring, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4385** Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4387** Ostomy pouch, closed, with barrier attached, with built-in convexity (1-piece), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4388** Ostomy pouch, drainable, with extended wear barrier attached, (1-piece), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4389** Ostomy pouch, drainable, with barrier attached, with built-in convexity (1-piece), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4390** Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1-piece), each DME N
BETOS: D1F Prosthetic/Orthotic devices
- D A4391** Ostomy pouch, urinary, with extended wear barrier attached (1-piece), each DME N
BETOS: D1F Prosthetic/Orthotic devices

♂ Male only ♀ Female only Ⓐ Age A2 - Z3 = ASC Payment indicator A - Y = APC Status indicator
 ASC = ASC Approved Procedure DME Paid under the DME fee schedule MIPS MIPS code

A9580 - A9596

Administrative, Miscellaneous and Investigational (A9150-A9999)

- C A9580** Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries **N1 ASC N**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Coding Clinic: 2008, Q4; 2009, Q1
Pub: 100-4, Chapter-13, 60.18
- C A9581** Injection, gadoxetate disodium, 1 ml **N1 ASC N**
BETOS: I2D Advanced imaging - MRI/MRA: other
Drugs: EOVISt, GADOXETATE DISODIUM
- C A9582** Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Drugs: ADREVIEW
- C A9583** Injection, gadofosveset trisodium, 1 ml **N1 ASC N**
BETOS: I1E Standard imaging - nuclear medicine
- C A9584** Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: DATSCAN
- C A9585** Injection, gadobutrol, 0.1 ml **N1 ASC N**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: GADAVIST, GADOBUTROL
Coding Clinic: 2012, Q1
- D A9586** Florbetapir F18, diagnostic, per study dose, up to 10 millicuries **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Service not separately priced by Part B
Coding Clinic: 2014, Q1; 2014, Q3
- C A9587** Gallium ga-68, dotatate, diagnostic, 0.1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: NETSPOT
Coding Clinic: 2017, Q1
- C A9588** Fluciclovine f-18, diagnostic, 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: AXUMIN
Coding Clinic: 2017, Q1
- C A9589** Instillation, hexaminolevulinate hydrochloride, 100 mg **N1 ASC N**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: CYSVIEW
Coding Clinic: 2019, Q1
- C A9590** Iodine I-131, iobenguane, 1 millicurie **N1 ASC N**
BETOS: I1E Standard imaging - nuclear medicine
- C A9591** Fluoroestradiol f 18, diagnostic, 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: CERIANNA
Coding Clinic: 2021, Q1
- C A9592** Copper cu-64, dotatate, diagnostic, 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: DETECTNET
Coding Clinic: 2021, Q1
- C A9593** Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: GALLIUM GA 68 PSMA
Coding Clinic: 2021, Q3
- C A9594** Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: GALLIUM GA 68 PSMA
Coding Clinic: 2021, Q3
- C A9595** Piflufolastat f-18, diagnostic, 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: PYLARIFY
Coding Clinic: 2022, Q1
- C A9596** Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie **K2 ASC K**
BETOS: I1E Standard imaging - nuclear medicine
Other carrier priced
Drugs: ILLUCCIX
Coding Clinic: 2022, Q3

● New code ▲ Revised code **C** Carrier judgment **D** Special coverage instructions apply
I Not payable by Medicare **M** Non-covered by Medicare **S** Non-covered by Medicare statute **AHA Coding Clinic®**

- BETOS: D1C Oxygen and supplies
DME Modifier: QB, QF, RR
- D E0440** Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing E1 MIPS
BETOS: D1C Oxygen and supplies
Service not separately priced by Part B
 - D E0441** Stationary oxygen contents, gaseous, 1 month's supply = 1 unit DME Y MIPS
BETOS: D1C Oxygen and supplies
 - D E0442** Stationary oxygen contents, liquid, 1 month's supply = 1 unit DME Y MIPS
BETOS: D1C Oxygen and supplies
 - D E0443** Portable oxygen contents, gaseous, 1 month's supply = 1 unit DME Y MIPS
BETOS: D1C Oxygen and supplies
 - D E0444** Portable oxygen contents, liquid, 1 month's supply = 1 unit DME Y MIPS
BETOS: D1C Oxygen and supplies
 - C E0445** Oximeter device for measuring blood oxygen levels non-invasively N
BETOS: Z2 Undefined codes
Service not separately priced by Part B



Pulse oximeter

- C E0446** Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories A
BETOS: D1E Other DME
Service not separately priced by Part B
- D E0447** Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm) DME Y
BETOS: D1C Oxygen and supplies
- D E0455** Oxygen tent, excluding croup or pediatric tents A Y
BETOS: D1C Oxygen and supplies
- I E0457** Chest shell (cuirass) E1
BETOS: D1E Other DME
Service not separately priced by Part B

- I E0459** Chest wrap E1
BETOS: D1E Other DME
Service not separately priced by Part B
- C E0462** Rocking bed with or without side rails DME Y MIPS
BETOS: D1B Hospital beds
DME Modifier: RR
- D E0465** Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) DME Y MIPS
BETOS: D1E Other DME
DME Modifier: RR
- D E0466** Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) DME Y MIPS
BETOS: D1E Other DME
DME Modifier: RR
- D E0467** Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions DME Y
BETOS: D1E Other DME
DME Modifier: RR
- D E0468** Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions DME Y
BETOS: D1E Other DME
DME Modifier: RR
Coding Clinic: 2024, Q2
- C E0469** Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device DME Y
BETOS: D1E Other DME
DME Modifier: RR
Coding Clinic: 2024, Q4
- D E0470** Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) DME Y MIPS
BETOS: D1E Other DME
DME Modifier: RR
- D E0471** Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) DME Y MIPS
BETOS: D1E Other DME
DME Modifier: RR

♂ Male only ♀ Female only A Age A2 - Z3 = ASC Payment indicator A - Y = APC Status indicator
ASC = ASC Approved Procedure DME Paid under the DME fee schedule MIPS MIPS code

E1500 - E1629

Durable Medical Equipment (E0100-E8002)

DIALYSIS SYSTEMS AND ACCESSORIES (E1500-E1699)

- D E1500** Centrifuge, for dialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
Coding Clinic: 2002, Q1
- D E1510** Kidney, dialysate delivery system, kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1520** Heparin infusion pump for hemodialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1530** Air bubble detector for hemodialysis, each, replacement A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1540** Pressure alarm for hemodialysis, each, replacement A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1550** Bath conductivity meter for hemodialysis, each A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1560** Blood leak detector for hemodialysis, each, replacement A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1570** Adjustable chair, for ESRD patients A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1575** Transducer protectors/fluid barriers, for hemodialysis, any size, per 10 A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1580** Unipuncture control system for hemodialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1590** Hemodialysis machine A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B



Dialysis medical device

- D E1592** Automatic intermittent peritoneal dialysis system A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1594** Cyclor dialysis machine for peritoneal dialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1600** Delivery and/or installation charges for hemodialysis equipment A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1610** Reverse osmosis water purification system, for hemodialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1615** Deionizer water purification system, for hemodialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1620** Blood pump for hemodialysis, replacement A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- D E1625** Water softening system, for hemodialysis A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B
- C E1629** Tablo hemodialysis system for the billable dialysis service A
BETOS: P9B Dialysis services
 (Non-Medicare fee schedule)
Service not separately priced by Part B

● New code
 ▲ Revised code
 C Carrier judgment
 D Special coverage instructions apply
I Not payable by Medicare
M Non-covered by Medicare
S Non-covered by Medicare statute
AHA Coding Clinic®

**DURABLE MEDICAL EQUIPMENT (DME)
(K0001-K1037)****WHEELCHAIRS, COMPONENTS, AND ACCESSORIES
(K0001-K0195)**

- C** **K0001** Standard wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR

*Wheelchair*

- C** **K0002** Standard hemi (low seat) wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- C** **K0003** Lightweight wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- C** **K0004** High strength, lightweight wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- C** **K0005** Ultralightweight wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: NU, RR, UE
- C** **K0006** Heavy duty wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- C** **K0007** Extra heavy duty wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- D** **K0008** Custom manual wheelchair/base **Y**
BETOS: D1D Wheelchairs
- C** **K0009** Other manual wheelchair/base **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR

- C** **K0010** Standard - weight frame motorized/power wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- C** **K0011** Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KF, RR
- C** **K0012** Lightweight portable motorized/power wheelchair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: RR
- D** **K0013** Custom motorized/power wheelchair base **Y**
BETOS: D1D Wheelchairs
- C** **K0014** Other motorized/power wheelchair base **Y**
BETOS: D1D Wheelchairs
- C** **K0015** Detachable, non-adjustable height armrest, replacement only, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, RR
- C** **K0017** Detachable, adjustable height armrest, base, replacement only, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0018** Detachable, adjustable height armrest, upper portion, replacement only, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0019** Arm pad, replacement only, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0020** Fixed, adjustable height armrest, pair **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0037** High mount flip-up footrest, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0038** Leg strap, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0039** Leg strap, H style, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE
- C** **K0040** Adjustable angle footplate, each **DME** **Y**
BETOS: D1D Wheelchairs
DME Modifier: KE, KU, NU, RR, UE

♂ Male only ♀ Female only Ⓐ Age A2 - Z3 = ASC Payment indicator A - Y = APC Status indicator
 ASC = ASC Approved Procedure **DME** Paid under the DME fee schedule **MIPS** MIPS code

L0492 - L0627

is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment **DME A**

BETOS: D1F Prosthetic/Orthotic devices

- C L0492** Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment **DME A**

BETOS: D1F Prosthetic/Orthotic devices

SACRAL ORTHOTICS (L0621-L0624)

- C L0621** Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf **DME A**

BETOS: D1F Prosthetic/Orthotic devices

- C L0622** Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated **DME A**

BETOS: D1F Prosthetic/Orthotic devices

- C L0623** Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf **DME A**

BETOS: D1F Prosthetic/Orthotic devices

- C L0624** Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated **DME A**

BETOS: D1F Prosthetic/Orthotic devices

LUMBAR ORTHOTICS (L0625-L0627), SEE ALSO LUMBAR ORTHOTICS SAGITTAL CONTROL (L0641, L0642)

- C L0625** Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder

Orthotic Procedures and Services (L0112-L4631)

straps, stays, prefabricated, off-the-shelf **DME A**

BETOS: D1F Prosthetic/Orthotic devices



Thoracic-lumbar-sacral orthosis

- C L0626** Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise **DME A**

BETOS: D1F Prosthetic/Orthotic devices

- C L0627** Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise **DME A**

BETOS: D1F Prosthetic/Orthotic devices

● New code ▲ Revised code **C** Carrier judgment **D** Special coverage instructions apply

I Not payable by Medicare **M** Non-covered by Medicare **S** Non-covered by Medicare statute **AHA Coding Clinic®**

Appendix A

Table of Drugs and Biologicals

Generic and brand-name drugs found throughout the Table of Drugs and Biologicals are a representative sample of drugs and biologicals commonly associated with HCPCS Level II codes. Please check the CMS and FDA websites for the most up-to-date information on coverage, active brand names, and validity of drugs.

Caution: Never code directly from the Table of Drugs and Biologicals. Always cross-reference the code to the Tabular List before final code assignment. Questions regarding coding and billing guidance should be submitted to the insurer in whose jurisdiction a claim would be filed. For private sector health insurance systems, please contact the individual private insurance entity. For Medicaid systems, please contact the Medicaid agency in the state in which the claim is being filed. For Medicare, contact the Medicare contractor.

Abbreviations used in the Table of Drugs and Biologicals

IA - Intra-arterial administration	IT - Intrathecal	VAR - Various routes of administration
IV - Intravenous administration	SC - Subcutaneous administration	OTH - Other routes of administration
IM - Intramuscular administration	INH - Administration by inhaled solution	ORAL - Administered orally

Intravenous administration includes all methods, such as gravity infusion, injections, and timed pushes into blood vessels, usually veins. IM refers to injections into muscles; IT to injections into the spinal column; and SC to injections into tissues (not muscle) under the skin. VAR denotes various routes of administration and is used for drugs that are commonly administered into joints, cavities, tissues, or topical applications, in addition to other parenteral administrations. OTH indicates other administration methods, such as intraocular injections, suppositories, or catheter injections.

Drug	Amount	Route	Code
ABATACEPT	10 mg	IV	J0129
ABCIXIMAB	10 mg	IV	J0130
ABILIFY ASIMTUFI [®]	1 mg	IV	J0402
ABILIFY MAINTENA [®]	1 mg	IM	J0401
ABOBOTULINUM TOXIN A	5 IU	IM	J0586
ABRAXANE [®]	1 mg	IV	J9264
ACETADOTE [®]	100 mg	IV	J0132
ACETAMINOPHEN (MADE BY B.BRAUN)	10 mg	IV	J0136
ACETAMINOPHEN (MADE BY FRESENIUS KABI)	10 mg	IV	J0134
ACETAMINOPHEN (MADE BY HIKMA)	10 mg	IV	J0137
ACETAMINOPHEN AND IBUPROFEN	10 mg/3mg	IV	J0138
ACETAMINOPHEN, NOS	10 mg	IV	J0131
ACETAZOLAMIDE SODIUM	up to 500 mg	IV, IM	J1120
ACETYLCYSTEINE	100 mg	IV	J0132
ACETYLCYSTEINE, UNIT DOSE, COMPOUNDED	1 g	INH	J7604
ACETYLCYSTEINE, UNIT DOSE, NON-COMPOUNDED	1 g	INH	J7608
ACTEMRA [®]	1 mg	IV	J3262
ACTHAR GEL [®]	up to 40 IU	IM, SC	J0801
ACTIMMUNE [®]	3 million IU	SC	J9216
ACTIVASE [®]	1 mg	IV	J2997
ACYCLOVIR	5 mg	IV	J0133
ADAKVEO [®]	5 mg	IV	J0791
ADALIMUMAB	1 mg	SC	J0139
ADAMTS13, RECOMBINANT-KRHN	10 IU	IV	J7171
ADASUVE [®]	1 mg	OTH	J2062
ADCETRIS [®]	1 mg	IV	J9042
ADENOSINE	1 mg	IV	J0153
ADO-TRASTUZUMAB EMTANSINE	1 mg	IV	J9354

Drug	Amount	Route	Code
ADSTILADRIN [®]	per therapeutic dose	OTH	J9029
ADVATE [®]	1 IU	IV	J7192
ADYNOVATE [®]	1 IU	IV	J7207
ADZYNMA [®]	10 IU	IV	J7171
AFAMELANOTIDE IMPLANT	1 mg	OTH	J7352
AFLIBERCEPT	1 mg	OTH	J0178
AFLIBERCEPT HD	1 mg	OTH	J0177
AFSTYLA [®]	1 IU	IV	J7210
AGALSIDASE BETA	1 mg	IV	J0180
AGGRASTAT [®]	0.25 mg	IV, IM	J3246
AJOVY [®]	1 mg	SC	J3031
AKYNZEO [®]	0.25 mg	IV	J1454
AKYNZEO [®]	300 mg	ORAL	J8655
ALBUTEROL AND IPRATROPIUM BROMIDE, NON-COMPOUNDED	up to 2.5 mg/ up to 0.5 mg	INH	J7620
ALBUTEROL, CONCENTRATED FORM, COMPOUNDED	1 mg	INH	J7610
ALBUTEROL, CONCENTRATED FORM, NON-COMPOUNDED	1 mg	INH	J7611
ALBUTEROL, UNIT DOSE, COMPOUNDED	1 mg	INH	J7609
ALBUTEROL, UNIT DOSE, NON-COMPOUNDED	1 mg	INH	J7613
ALDESLEUKIN	single use vial	IV	J9015
ALDURAZYME [®]	0.1 mg	IV	J1931
ALEMTUZUMAB	1 mg	IV	J0202
ALFENTANIL HYDROCHLORIDE	500 mcg	IV	J0216
ALGLUCOSIDASE ALFA	10 mg	IV	J0220
ALGLUCOSIDASE ALFA (LUMIZYME [®])	10 mg	IV	J0221
ALHEMO [®]	0.5 mg	SC	J7173
ALLOPURINOL SODIUM	1 mg	IV	J0206
ALPHA 1-PROTEINASE INHIBITOR, HUMAN	10 mg	IV	J0256

Mod	Modifier Description, Definition, Explanation, and Tips
AG	<p>Primary physician</p> <p>Definition: Append this modifier to indicate the services of a primary care physician in a physician scarcity area.</p> <p>Explanation: Modifier AG is a Medicare use only modifier that represents the services of a primary care physician in a physician scarcity area, or a geographic area with a shortage of primary care doctors or specialists available to the Medicare population in that area. Use of this modifier provides for a quarterly bonus payment along with claim payment. A primary care physician is typically defined as a general practitioner, family practice practitioner, general internist, pediatrician, obstetrician, or gynecologist.</p> <p>Tips: Use this modifier to represent professional services of a primary physician in a physician scarcity area in a critical access hospital.</p>
AH	<p>Clinical psychologist</p> <p>Definition: Append this modifier to indicate the services of a clinical psychologist.</p> <p>Explanation: This modifier indicates the services the provider is reporting are for a qualified clinical psychologist for the psychiatric therapeutic procedures that he performs for a patient in a facility. The modifier indicates that a clinical psychologist, who qualifies as per Medicare guidelines to provide these services, is performing the service the facility is reporting under the CPT® code for the procedure.</p> <p>Tips: When the facility uses this modifier with any CPT® code, it lets the payer know that a qualified clinical psychologist handled the services and reimbursement can be made as per Medicare payment guidelines. If you fail to append the right modifier to the CPT® code, it may lead to incorrect payments and fraudulent claims.</p>
AI	<p>Principal physician of record</p> <p>Definition: Append this modifier to the initial hospital and nursing home visit codes to show that the provider is responsible for the overall care of the patient.</p> <p>Explanation: This modifier indicates the service by the admitting or attending provider who oversees the patient's care, as distinct from other providers who may furnish specialty care. The principal provider of record shall append modifier AI to the initial visit code. The primary purpose of this modifier is to identify the principal provider of record on the initial hospital and nursing home visit codes.</p> <p>Tips: Remember that modifier AI is for inpatient use only, not for outpatient evaluation and management, or E/M, codes. Modifier AI is informational only and does not impact the payment.</p>
AJ	<p>Clinical social worker</p> <p>Definition: Append this modifier to indicate the services of a clinical social worker.</p> <p>Explanation: This modifier indicates the services of a qualified clinical social worker for therapeutic procedures that he performs in the facility. The modifier indicates that a clinical social worker, who qualifies as per Medicare guidelines to provide these services, is performing the service the facility is reporting under the CPT® code for the procedure.</p> <p>Tips: When the facility uses this modifier with any CPT® code, it lets the payer know that a qualified clinical social worker handled the services and reimbursement can be made as per CMS payment guidelines. If you fail to append the right modifier to the CPT® code, it may lead to incorrect payments and fraudulent claims.</p>
AK	<p>Non participating physician</p> <p>Definition: Append this modifier to indicate the services of a non participating physician.</p> <p>Explanation: This modifier indicates the services of a non participating provider who chooses not to participate in the Medicare fee schedule reimbursement, meaning he does not accept the Medicare approved amount as full payment for covered service. Medicare does not reimburse non participating physicians directly. Instead Medicare reimburses the patient for the allowable costs. The provider has to arrange for payment directly from the patient.</p> <p>Tips: Use this modifier to represent the services of a non participating physician in a critical access hospital.</p>
AM	<p>Physician, team member service</p> <p>Definition: Append this modifier to indicate the services of a member of a provider's team, usually a physician assistant who is part of the provider's team.</p> <p>Explanation: Append modifier AM if a physician assistant or other team member of the provider's team renders service. Usually, the supervising provider bills these services and the provider uses this modifier to indicate that his team member performs the service.</p> <p>Tips: This modifier is informational only and should not impact reimbursement. It just identifies that during the procedure the provider is not rendering the actual service but he is supervising the service.</p>

Appendix I

Publication 100 References

Disclaimer: This appendix includes relevant CMS Internet-Only Manual (IOM) references commonly referred to as Pub 100. It is not an all-inclusive document. CMS updates policies and procedures frequently. The information contained here was the most up-to-date information on the CMS website at the time of printing. For more recent updates, visit the CMS website.

100-1, Chapter-1, 10.1

Hospital Insurance (Part A) for Inpatient Hospital, Hospice, Home Health and Skilled Nursing Facility (SNF) Services - A Brief Description

Hospital insurance is designed to help patients defray the expenses incurred by hospitalization and related care. In addition to inpatient hospital benefits, hospital insurance covers post hospital extended care in SNFs and post hospital care furnished by a home health agency in the patient's home. Blood clotting factors, for hemophilia patients competent to use such factors to control bleeding without medical or other supervision, and items related to the administration of such factors, are also a Part A benefit for beneficiaries in a covered Part A stay. The purpose of these additional benefits is to provide continued treatment after hospitalization and to encourage the appropriate use of more economical alternatives to inpatient hospital care. Program payments for services rendered to beneficiaries by providers (i.e., hospitals, SNFs, and home health agencies) are generally made to the provider. In each benefit period, payment may be made for up to 90 inpatient hospital days, and 100 days of post hospital extended care services.

Hospices also provide Part A hospital insurance services such as short-term inpatient care. In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

The Part A benefit categories of inpatient hospital services and SNF services are each subject to separate and mutually exclusive day limits, so that the use of benefit days under one of these benefits does not affect the number of benefit days that remain available under the other. *Accordingly*, the 90 days of inpatient hospital benefits (plus 60 nonrenewable lifetime reserve days – see Pub. 100-02, Medicare Benefit Policy Manual, chapter 5) that are available to a beneficiary in a hospital *do not* count against the 100 days of post hospital extended care benefits that are available in a SNF, and vice-versa.

100-1, Chapter-3, 20.5

Blood Deductibles (Part A and Part B)

Program payment may not be made for the first 3 pints of whole blood or equivalent units of packed red cells received under Part A and Part B combined in a calendar year. However, blood processing (e.g., administration, storage) is not subject to the deductible.

The blood deductibles are in addition to any other applicable deductible and coinsurance amounts for which the patient is responsible.

The deductible applies only to the first 3 pints of blood furnished in a calendar year, even if more than one provider furnished blood.

100-1, Chapter-3, 20.5.2

Part B Blood Deductible

Blood is furnished on an outpatient basis or is subject to the Part B blood deductible and is counted toward the combined limit. It should be noted that payment for blood may be made to the hospital under Part B only for blood furnished in an outpatient setting. Blood is not covered for inpatient Part B services.

100-1, Chapter-3, 20.5.3

Items Subject to Blood Deductibles

The blood deductibles apply only to whole blood and packed red cells. The term whole blood means human blood from which none of the liquid or cellular components have been removed. Where packed red cells are furnished, a unit of packed red cells is considered equivalent to a pint of whole blood. Other components of blood such as platelets, fibrinogen, plasma, gamma globulin, and serum albumin are not subject to the blood deductible. However, these components of blood are covered as biological.

Refer to Pub. 100-04, Medicare Claims Processing Manual, chapter 4, §231 regarding billing for blood and blood products under the Hospital Outpatient Prospective Payment System (OPPS).

100-1, Chapter-3, 30

Outpatient Mental Health Treatment Limitation

Regardless of the actual expenses a beneficiary incurs in connection with the treatment of mental, psychoneurotic, and personality disorders while the beneficiary is not an inpatient of a hospital at the time such expenses are incurred, the amount of those expenses that may be recognized for Part B deductible and payment purposes is limited to 62.5 percent of the Medicare approved amount for those services. The limitation is called the outpatient mental health treatment limitation (the limitation). The 62.5 percent limitation has been in place since the inception of the Medicare Part B program and it will remain effective at this percentage amount until January 1, 2010. However, effective January 1, 2010, through January 1, 2014, the limitation will be phased out as follows:

- January 1, 2010 –December 31, 2011, the limitation percentage is 68.75%. (Medicare pays 55% and the patient pays 45%).
- January 1, 2012 –December 31, 2012, the limitation percentage is 75% (Medicare pays 60% and the patient pays 40%).
- January 1, 2013 –December 31, 2013, the limitation percentage is 81.25%. (Medicare pays 65% and the patient pays 35%).
- January 1, 2014 –onward, the limitation percentage is 100% (Medicare pays 80% and the patient pays 20%).

For additional details concerning the outpatient mental health treatment limitation, please see the Medicare Claims Processing Manual, Publication 100-04, chapter 9, section 60 and chapter 12, section 210.

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